

CLARITY HMIS: VA SERVICES EXIT FORM (Including HUD VASH, SSVF, GPD)

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

PROJECT EXIT DATE [All Clients]

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Μ	onth	•	D	ay	 	Y	ear	1

CURRENT NAME [All Clients] N/A Last Image: Constraint of the second second

CONTACT INFORMATION [Optional]

Phone Number					_							
Email												
Current Address (if applicable)					able)							
Street												
City												
State								Zip (Code			

DESTINATION [All Clients]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	0	Moved from one HOPWA funded project to HOPWA PH
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY- funded Host Home Shelter	0	Moved from one HOPWA funded project to HOPWA TH
0	Safe Haven	0	Rental by client, with GPD TIP housing subsidy
0	Foster care home or foster care group home	0	Rental by client, with VASH housing subsidy
0	Hospital or other residential non-psychiatric medical facility	0	Permanent housing (other than RRH) for formerly homeless persons
0	Jail, prison or juvenile detention facility	0	Rental by client, with RRH or equivalent subsidy



0	Long-term care facility or nursing home	0	Rental by client with HCV voucher (tenant or project based)
0	Psychiatric hospital or other psychiatric facility	0	Rental by client in a public housing unit
0	Substance abuse treatment facility or detox center	0	Rental by client, no ongoing housing subsidy
0	Residential project or hallway house with no homeless criteria	0	Rental by client, with other ongoing housing subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Owned by client, with ongoing housing subsidy
0	Transitional housing for homeless persons (including homeless youth)	0	Owned by client, no ongoing housing subsidy
0	Host Home (non-crisis)	0	No exit interview completed
0	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	0	Other (specify):
0	Staying or living with family, temporary tenure (e.g.,	0	Deceased
	room, apartment or house)	0	Client doesn't know
0	Staying or living with family, permanent tenure	0	Client refused
0	Staying or living with friends, permanent tenure	0	Data not collected
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PHYSICAL DISABILITY [not required for SSVF]

0	No	0	Client doesn't know		
O Yes					Client refused
0	Tes	0	Data not collected		
IF "	YES" TO PHYSICAL DISABILITY – SPECIFY				
Expe	cted to be of long-continued and indefinite duration?	0	No	0	Client doesn't know
			Voc	0	Client refused
O Yes				0	Data not collected

DEVELOPMENTAL DISABILITY [not required for SSVF]

0	No	0	Client doesn't know
0	/		Client refused
0	Yes	0	Data not collected



CHRONIC HEALTH CONDITION [not required for SSVF]

0	No	0	Client doesn't know				
				0	Client refused		
0	Yes	0	Data not collected				
IF "	IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY						
		0	No	0	Client doesn't know		
Expected to be of long-continued and indefinite duration? O Yes			Voc	0	Client refused		
			100	0	Data not collected		

HIV-AIDS [not required for SSVF]

0	No	0	Client doesn't know
(/22	0	Client refused
U	Yes	0	Data not collected

MENTAL HEALTH PROBLEM [not required for SSVF]

0	No	0	Client doesn't know				
			0	Client refused			
0	Yes	0	Data not collected				
IF "	IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY						
		No	0	Client doesn't know			
Expected to be of long-continued and indefinite duration?			Yes	0	Client refused		
			100	0	Data not collected		

SUBSTANCE ABUSE PROBLEM [not required for SSVF]

0	O No				Both alcohol & drug abuse
	O Alcohol abuse				Client doesn't know
				0	Client refused
0	Drug abuse	0	Data not collected		
IF "A	LCOHOL ABUSE" "DRUG ABUSE" OR "BOTH A	LCOF	IOL AND DR	UG A	BUSE"- SPECIFY
		0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration?			Yes	0	Client refused
			105	0	Data not collected



MONTHLY INCOME AND SOURCES [Head of Household and Adults]

0	No				0	know	
	Yes				0	Client refused	
0			0	Data not collec	ted		
IF "Y	ES" TO INCOME FROM ANY SOURCE - INDIC	ATE ALL	SOU	RCES THAT	AP	Ϸͺϒ	
Inco	me Source	Amount	Incor	ne Source			Amount
0	Earned Income		0	TANF (Temporary Assist for Needy Families)			
0	Unemployment Insurance		0	General Assistance (GA)			
0	Supplemental Security Income (SSI)		0	Retirement Income from Social Security			
0	Social Security Disability Insurance (SSDI)		0	Pension or from forme		rement income	
0	VA Service-Connected Disability Compensation		0	Child Suppo	ort		
0	VA Non-Service Connected Disability Pension		0	Alimony and other spousal support			
0	Private disability insurance		0	Other incom	ne so	ource	
0	Worker's Compensation		0	Other income	e so	urce	
Tota	monthly for Individual:						

RECEIVING NONCASH BENEFITS [Head of Household and Adults]

0	No			0	Client doesn't know		
	Yoo			0	Client refused		
0	Yes	0	Data not collected				
IF "YES" TO NONCASH BENEFITS – INDICATE ALL SOURCES THAT APPLY							
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services				
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services				
0	Other (Specify):	0	Other TAN	NF-fur	nded services		



COVERED BY HEALTH INSURANCE [All Clients]

0	No			0	Client doesn't know
(∘ Yes			0	Client refused
0				0	Data not collected
IF "Y	ES" TO HEALTH INSURANCE HEALTH INSURANCE CO	OVER	AGE DETA	NILS	
0	MEDICAID	0	Employer F	Provi	ded Health Insurance
0	MEDICARE		Insurance (Obta	ined through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay	y Hea	alth Insurance
0	Veteran's Administration (VA) Medical Services		State Health Insurance for Adults		
0	Other (specify)	0	Indian Hea	lth S	ervices Program

HUD-VASH Exit Information [HUD-VASH only] Case Management Exit Reason

0	Accomplished goals and/or obtained services and no longer need CM	0	Transferred to another HUD-VASH program site
0	Found/chose other Housing	0	Did not comply with HUD-VASH CM
0	Eviction and/or other Housing related issues	0	Unhappy with HUD-VASH housing
0	No longer financially eligible for HUD-VASH Voucher	0	No longer interested in participating in this program
0	Veteran cannot be located	0	Veteran too ill to participate at this time
0	Veteran is incarcerated	0	Veteran is deceased
0	Other (specify)		

CONNECTION WITH SOAR [Heads of Households and Adults, For SSVF and VA: Grant per

Diem – Case Management/Housing Retention]

SOAR				
0	No	0	Client doesn't know	
	Vac	0	Client refused	
0	Yes	0	Data not collected	



LAST GRADE COMPLETED [Head of Households and Adults, required for SSVF

and VASH]

0	Less than Grade 5	0	Grades 5-6
0	Grades 7-8	0	Grades 9-11
0	Grade 12	0	School does not have grade levels
0	GED	0	Some college
0	Associate's Degree	0	Bachelor's degree
0	Graduate Degree	0	Vocational certification
0	Client doesn't know		
0	Data not collected	0	Client refused

EMPLOYMENT STATUS [Head of Households and Adults, SSVF, GPD and VASH]

Emp	loyed				
0	No			0	Client doesn't know
				0	Client refused
0	Yes			0	Data not collected
lf "Y	es" for employed – Type of employment				
0	Fulltime		Casaanal/anarad	ia (in	
0	Part-time	0	Seasonal/sporadic (inclu		iciuding day labor)
lf "N	o" for employed – Why not employed				
0	Looking for work	0	Not looking for w		
0	Unable to work		• Not looking for v		WUIK

GENERAL HEALTH STATUS [Head of Households and Adults, HUD-VASH OTH

only]					
0	Excellent	0	Poor		
0	Very good	0	Client doesn't know		
0	Good	0	Client refused		
0	Fair	0	Data not collected		



IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

0	No	0	Yes
IF "Y	ES" TO PERMANENT HOUSING		
Housing Move-in Date (see note*)			*If client moved into permanent housing, make sure to update on the enrollment screen.

Signature of applicant stating all information is true and correct Date